



Emergency Ride Home Reimbursement Form

Please complete this form and return it with your original dated receipt of transportation fees for reimbursement through the Emergency Ride Home program.

Contact Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Check one of the following options:

I carpool to work

I bus to work

I bike to work

I vanpool to work

Date Emergency Ride Home program was used: _____

Taxi/car rental company used (*Metro Cars NOT accepted*) _____

Approximate one-way mileage: _____

Reason for ride: Illness (self) Illness (family) Overtime Damaged Bike

Other (please explain): _____

Participant's Signature: _____

go!pass #: _____ Date: _____

Please return this form with original dated receipt within two weeks to:

getDowntown Program, 328 S. Fifth Ave., Ann Arbor, MI 48104

Phone: 734.794.1876 - Email: info@getdowntown.org